

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043870

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

316  
3059  
494  
FILED NOV 27 1962

## 1. PLACE OF DEATH

a. COUNTY **ST. FRANCOIS**b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **BONNE TRAVE. MO.**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **HOSPITAL**Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **MO.**b. COUNTY **ST. FRANCOIS**c. CITY  
OR  
TOWN **LEADINGTON, MO.**Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS **HWAY 69.**Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

**Thomas FRANK SIPPY**4. DATE  
OF  
DEATH

Month

Day

Year

**NOV 17, 1962.**

## 5. SEX

**MALE**

## 6. COLOR OR RACE

**WHITE**7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

**OCT 3, 1918**

## 9. AGE (last birthday)

**44**

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)**LABORER**

## 10b. KIND OF BUSINESS OR INDUSTRY

**LABORER**

## 11. BIRTHPLACE (City and state or country)

**Mitchell, MO.**

## 12. CITIZEN OF WHAT COUNTRY

**U.S.A.**

## 13a. FATHER'S NAME

**CHARLIE SIPPY**

## 13b. MOTHER'S MAIDEN NAME

**JENNIE JONES**

## 14. NAME OF HUSBAND OR WIFE

**NONE.**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)**NO.**

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

**89. MRS. JENNIE SIPPY LEADINGTON, MO.**18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

**Acute cardiac decompensation  
to pulmonary congestion**INTERVAL BETWEEN  
ONSET AND DEATH**Known 1 wk**Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)**Congenital mental retardation**PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Nov 15, 1962**to **Nov 17, 1962**and last saw him alive on **Nov 17, 1962**Death occurred at **6:45 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

**J. L. Foster** (Degree or title)

## 22b. ADDRESS

**Desloge Mo**

## 22c. DATE SIGNED

**Nov 19, 1962**23a. BURIAL, CREMATION,  
REMOVAL (Specify)**BURIAL**

## 23b. DATE

**11/20/62**

## 23c. NAME OF CEMETERY OR CREMATORY

**WOODLAWN LEM.**

## 23d. LOCATION (City, town, or county)

**LEADINGTON, MO. Missouri**

## 24. FUNERAL DIRECTOR

ADDRESS

**R L Aldwell + Sons Flat River Mo. Nov 19, 1962**

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

**Esther Rudloff**

(Licensed Embalmer's Statement on Reverse Side)

DR. Foster

VS 300  
Rev. 4/59

1 0941

2 0940

3

4 0

5 0

6

7 0

8 2

9 434.4

10

11

12 1-0

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

NOV 29 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

Donald Dale Caldwell

Licensed Embalmer No.

5095

P. O. Address

Flat River, Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.